

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/088830

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7	1		1			
8		1		1		
9		2		1		
10		1		1		
11		1		1		
12		1		1		
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32		3		1		
33		1		1		
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37		1		1		
38		1		1		
39	1		1			
40	1		1			
41		1		1		
42		2		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48						
49						
50						
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.		↓	39	↓		↓
TOTAL CLAIMS			47			

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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831